MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46P)

03383

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St Marys

City or town St Georges Island
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town St Georges Island Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Estelle Virginia Ball

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife George Ball

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 6, 1860

8. AGE: Years 79 | Months 11 | Days 22 | If less than one day ____ hrs. ____ min.

9. Birthplace Middlesex Virginia
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm H Deagle
13. Birthplace Virginia

MOTHER
14. Maiden name Nancy D Berry
15. Birthplace Virginia

16. Informant Aaron Ball
Address St Georges Island, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof March 30, 1940
(month) (day) (year)

Cemetery or ~~cremation~~ St Georges Island M.E.

Location St George Island, Md

18. Funeral director Joseph C Mattingly
Address Leonardtown, Md

19. March 28 1940
(Date rec'd by registrar)
P J Beam MD
Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1940, at 27 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1939, to March 28 1940, and that I last saw her alive on March 26 1940.

Immediate cause of death Carcinoma of stomach — DURATION 2 years

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P J Beam MD
M. D. or other

Address Great Mills, Md Date signed 3/28/40

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-P)

03384

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St. Marys

City or town Rural near Scotland Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 68 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St. Marys

City or town Rural near Scotland Md
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1 mile east of Scotland
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Wesley Barnes

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years: about 68 | Months: — | Days: — | If less than one day: — hrs. — min.

9. Birthplace Scotland St. Marys, Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden name

15. Birthplace

16. Informant Mrs. Harry Beal

Address Scotland, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 2, 1940 (month) (day) (year)

Cemetery or crematory St. Lukes Cemetery

Location Scotland, Md

18. Funeral director E. L. Robinson

Address Dameron, Md

19. March 2 1940 (Date rec'd by registrar) O. J. Bean MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1939, to March 1 1940, and that I last saw him alive on Feb 29 1940.

Immediate cause of death	DURATION
Cirrhosis of liver	1 yr.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

20 operations —

20 autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE O. J. Bean M.D.
M. D. or other

Address Quantico, Md Date signed 3/3/40

RECEIVED
APR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

03385

Reg. Diat. No 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town Rural mail Pearson Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 7 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural mail Pearson Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Hollywood, Cedar Point

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR None

3. (a) FULL NAME Frank V Brown

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

B (b) Name of husband or wife Mary C Brown

6(c) If alive, give age unknown years

7. Birth date of deceased (mo., day, yr.) July 31, 1874

8. AGE: Years	Months	Days	If less than one day
66	7	1	hrs. min.

9. Birthplace Washington, D. C. (Town, county, and state)

10. Usual occupation Salesman

11. Industry or business Wholesale meats

FATHER 12. Name James Brown

13. Birthplace Washington DC

MOTHER 14. Maiden name Charlotte Edwards

15. Birthplace Washington DC

16. Informant Mrs Mary C Brown

Address New York, N.Y.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 3-1940 (month) (day) (year)

Cemetery or crematory St. Nicholas

Location Pearson, Md.

18. Funeral director Joseph Mattingly

Address Leonardtown Md

19. Mar. 3 1940 (Date rec'd by registrar) C O Bean, M.D. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1940, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to March 1 1940, and that I last saw him alive on Feb 28 1940.

Immediate cause of death	DURATION
Coronary Sclerosis	3 years
Due to Cirrhosis of Liver	10 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Ot operations

Ot autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B J Bean MD M. D. or other

Address Great Mills Md Date signed Mar 1/40

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

03386

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St. Mary's

City or town St. Georges Island

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 55 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys

City or town St. Georges Island Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Rosie M. Crowder

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband ~~or wife~~ James T. Crowder

6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) 4/8/1867

8. AGE:

Years	Months	Days	If less than one day
72	11	8	____ hrs. ____ min.

9. Birthplace St. Mary's Co. Md. (Town, county, and state)

10. Usual occupation Houses wife

11. Industry or business

FATHER 12. Name John Milburn

13. Birthplace Maryland

MOTHER 14. Maiden name Mary S. Booth

15. Birthplace Maryland

16. Informant James T. Crowder

Address St. Georges Island

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/19/40 (month) (day) (year)

Cemetery or ~~crematory~~ St. Georges M.E.

Location St. Georges Island

18. Funeral director P. B. Robinson

Address Leonardtown, Md.

19. March 18 1940 (Date rec'd by registrar) B F Bean M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940, at 6 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 10 1936, to Mar 16 1940, and that I last saw her alive on Mar 16 1940.

	DURATION
Immediate cause of death Vascular Heart Disease	3 Years
Due to Arteriosclerosis	
Due to	
Other conditions Cerebral hemorrhage	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B F Bean M.D. M. D. or other

Address Quart mills, Md. Date signed 3/12/40

RECEIVED
APR 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

03387

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St Marys

City or town near Leonardtown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County St. Marys

City or town Leonardtown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Oscar Melvin Cryer

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name ~~of husband~~ or wife Allie Brown

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 41 | Months — | Days — | If less than one day ____ hrs. ____ min.

9. Birthplace St Marys Co Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name James Cryer
13. Birthplace St Marys Co Md

MOTHER
14. Maiden name Victoria Johnson
15. Birthplace St Marys Co. Md

16. Informant Clifton S Payne
Address Washington D C.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Mar 12 - 1940
(month) (day) (year)

Cemetery or crematory St Aloysius cemetery

Location Leonardtown Md

18. Funeral director Jos C Mattingley
Address Leonardtown Md

19. 3/10 1940 Camalin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 9th 1940, at 3:30 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1937, to Mar 9th 1940, and that I last saw him alive on about Oct 10th 1939.

Immediate cause of death Acute Fibrillation of Heart — Aortic stenosis + regurgitation

Due to Tatum

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

DURATION: 3 yrs

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. F. Greenwell
M. D. or other

Address Leonardtown Md Date signed Mar 10 40

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (160-a)

03388

CERTIFICATE OF DEATH

Reg. Diat. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town Rural near Pearson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 Minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Pearson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Cedar Point
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME James Eugene Cutchember

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1940

8. AGE:

Years	Months	Days	If less than one day
			hrs. 10 min.

9. Birthplace Pearson, St Marys, Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name James R Cutchember

13. Birthplace Maryland

MOTHER 14. Maiden name M Margaret Dyson

15. Birthplace Maryland

16. Informant Margaret D Cutchember

Address Pearson, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 17, 1940 (month) (day) (year)

Cemetery ~~of cremation~~ St Marks

Location Valley Lee Md

18. Funeral director James R Cutchember

Address Pearson, Md

19. March 16 1940 (Date rec'd by registrar) C J Keen MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940, at 5:40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 16 1940, to March 16 1940, and that I last saw him alive on March 16 1940.

Immediate cause of death	DURATION
Cerebral hemorrhage	30 min
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C J Keen MD
M. D. or other

Address Great Mills, Md Date signed 3/16/40

RECEIVED
APR 5 1940
BUREAU V. S.

03389

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town Rural near Scotland Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 45 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Scotland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Fresh-pond Neck
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Benjamin Delozier

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Annie Delozier

6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Dec 9, 1885

8. AGE: Years 54 | Months 3 | Days — | If less than one day ____ hrs. ____ min.

9. Birthplace Piscataway, Prince George Co; Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name John B. Delozier

13. Birthplace Maryland

MOTHER 14. Maiden name Harriett C. Thompson

15. Birthplace Maryland

16. Informant Annie Delozier

Address Scotland, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 9, 1940 (month) (day) (year)

Cemetery or crematory Trinity Cemetery

Location St Marys City, Md

18. Funeral director E. L. Robinson

Address Dameron, Md

19. March 8 1940 (Date rec'd by registrar) P J Bean MD Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1940, at 2:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 8 1940, to March 8 1940, and that I last saw him alive on March 8 1940.

Immediate cause of death	DURATION
Carcinoma of stomach & liver	2 years 1 year
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P J Bean MD
M. D. or other

Address Great Mills, Md Date signed 3/8/40

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82)

CERTIFICATE OF DEATH

03390

Reg. Dist. No. 27

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town near Avenville P.O.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County St Marys

City or town Drayden Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural, give LOCATION)

2(a) IF VETERAN, NAME WAR Rural

3. (a) FULL NAME Unnamed Clyson

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Col	S

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb 15 1940

8. AGE:

Years	Months	Days	If less than one day
	1	7	____ hrs. ____ min.

9. Birthplace Tuckahoe Neck Worcester Co Md
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name James Raymond Gray
13. Birthplace St Marys Co Md

MOTHER
14. Maiden name Mary Anna Clyson
15. Birthplace St Marys Co Md

16. Informant Mary Anna Clyson
Address Avenville P.O. St Marys Co.

17. burial (Burial, cremation, or removal. Which?) Date thereof Mar 23 40 (month) (day) (year)

Cemetery or crematory St Joseph Cemetery

Location St Marys Co

18. Funeral director Jay C. McElfresh

Address Leonardtown Md

19. 3/22 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 22 1940, at 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h alive on ____ dead Mar 22 1940.

	DURATION
Immediate cause of death Asphyxia	
Due to Accidental	
Due to Lying on the face	
Due to —	
Other conditions Mother was in bed with flu had missed 4 about 2 am + fell after	

(Include pregnancy within 3 months of death)

Major findings: Marked atelectasis of lungs

Operations: Ford Cesarean Section performed but fetus dead

Autopsy no Autopsy refused by mother

PHYSICIAN Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Mar 22 1940

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) Farm in bed

Means of injury ____ Injured at work? ____

23. SIGNATURE J. F. Bramwell Jelly M. D. or other

Address Leonardtown Md Date signed Mar 22 40

RECEIVED
APR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03391

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town Rural near Great Mills Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Great Mills Ward No. Md (If outside city or town limits, write RURAL NEAR and give town)

Street No. Indian Bridge Road (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Elizabeth Evans

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Warren Evans

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) April 21, 1861

8. AGE:

Years	Months	Days	If less than one day
78	10	12	hrs. min.

9. Birthplace Valley Lee, Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Robert J Beam

13. Birthplace Point Lookout, Md

MOTHER

14. Maiden name Jane Taylor

15. Birthplace Valley Lee Md

16. Informant Mrs Elizabeth Beam

Address Great Mills Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 5 1940 (month) (day) (year)

Cemetery or crematory St Andrews

Location St Marys County, Md

18. Funeral director Joseph Mattingly

Address Leonardtown Md

19. Mar 4 1940 (Date rec'd by registrar) O B Beam M D Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1940, at 4A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1939, to March 3 1940, and that I last saw him alive on March 2 1940.

Immediate cause of death	DURATION
Carcinoma of stomach	2 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE O B Beam M D M. D. or other

Address Great Mills, Md Date signed Mar 4, 1940

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

03392

Reg. Dist. No. 282

1. PLACE OF DEATH:
County St. Mary's
City or town Leonardtown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rural
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County St. Mary's
City or town Leonardtown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Greenwell

3. (b) Social Security Number

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced —
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar. 15/40
8. AGE: Years | Months | Days | If less than one day Stillborn hrs. min.
9. Birthplace Md (Town, county, and state)
10. Usual occupation —
11. Industry or business
FATHER 12. Name C B Greenwell
13. Birthplace Leonardtown Md
MOTHER 14. Maiden name Florence Daffron
15. Birthplace Richmond Va
16. Informant Mrs C B Greenwell
Address Leonardtown
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/15/40 (month) (day) (year)
Cemetery or crematory Home Premises
Location
18. Funeral director Benedict Neal
Address Leonardtown
19. 3/16 1940 (Date rec'd by registrar) Camalier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 15 1940, at 4 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from did not 19 , to 19 ,
and that I last saw him alive on Mar 15 1940.
Immediate cause of death Stillborn
Due to Premature Birth
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank A. Camalier M. D. or other
Address Leonardtown Date signed 3/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (120-a)

03393

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's

City or town Leonardtown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: St. Mary's Hosp.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Leonardtown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Eddith Lulewyllen Hall

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3 - 24 - 1936

8. AGE: Years	Months	Days	If less than one day
3	11	25	hrs. min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name William J. Hall
13. Birthplace Md.

MOTHER
14. Maiden name Mary Anna Tippett
15. Birthplace Md.

16. Informant Mary Anna Tippett
Address Leonardtown, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 3/20/40 (month) (day) (year)

Cemetery or crematory Our Lady Chapel

Location Medley's Neck

18. Funeral director P. B. Robinson

Address Leonardtown

19. 3/20 1940 Camalier
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 19 1940, at 3 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 13 1940, to Mar 19 1940, and that I last saw her alive on Mar 19th 1940.

Immediate cause of death Acute Septic Entero Colitis

Due to Possibly septic food

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 6 days

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. F. Greenwell
M. D. or other

Address Leonardtown Md Date signed Mar 20-40

RECEIVED
APR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940a)

CERTIFICATE OF DEATH

03394

Reg. Dist. No. 28-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town Rural near Draydon

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 62 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Draydon Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ½ mile east of Draydon

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Rebecca Sophia Jordan

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	married

6 (b) Name of husband or wife Thomas Jordan

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) April 15, 1888

8. AGE: Years	Months	Days	If less than one day
51	11	8	hrs. min.

9. Birthplace Draydon, St Marys, Md (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Private family

FATHER 12. Name John Louis Cuteshenber

13. Birthplace Maryland

MOTHER 14. Maiden name Emily Fonterory

15. Birthplace Maryland

16. Informant John Jordan

Address Draydon, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 25/40 (month) (day) (year)

~~Cemetery or crematory~~ St Marks Cemetery

Location Valley Lee, Md

18. Funeral director Joseph C Mattingley

Address Leonardtown, Md

19. Mar 24 1940 (Date rec'd by registrar) O F Bean MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1940, to March 23 1940, and that I last saw h-- alive on March 22 1940.

Immediate cause of death	DURATION
Coronary embolism	2 hours
Coronary sclerosis	1 Year
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE O F Bean MD M. D. or other

Address Great Mills, Md Date signed 3/24/40

RECEIVED
APR 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

03395

CERTIFICATE OF DEATH

Reg. Dist. No. 28L

1. PLACE OF DEATH:

County St. Mary's

City or town Leonardtown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: St. Mary's Hospital

Stay in hospital or inst. (yrs., or mos., or days) 14 days

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Great Mills Ward No.
(If outside city or town limits, writs RURAL NEAR and give town)

Street No. Rural
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George William Langley

3. (b) Social Security Number

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Mary Burroughs

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1860

8. AGE: Years 79 Months 5 Days 9 If less than one day ____ hrs. ____ min.

9. Birthplace St. Mary's Co. Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Mrs. Jas. Waring

Address Chaptico Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Mar 12/40
(month) (day) (year)

Cemetery or crematory Holy Face

Location Great Mills

18. Funeral director P. B. Robinson

Address Leonardtown

19. 3/12 1940 Camalus
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 11 1940, at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1 1940, to Mar 11 1940, and that I last saw him alive on Mar 10 1940.

Immediate cause of death Chronic Myocarditis

DURATION

Due to

Due to

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE Frank A. Camalus
M. D. or other

Address Leonardtown Date signed 3/11/40

RECEIVED
APR 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03396

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (22a)

County St. Mary's. Registration Dist. No. 28-v

Village or City Great Mills No. Rural St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S. if of foraign birth? yrs. mos. ds.

2. FULL NAME Alphonso Lawrence If U. S. Veteran, specify WAR

(a) Residence: No. Great Mills St., Ward.

(Usual place of abode) If nonresident give city or towo and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Febr. 8 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. —

10. Data dacaased last worked at this occupation (month and year) —

11. Total time (yaars) spent in this occupation —

12. BIRTHPLACE (city or town) Drayden (State or country) Md.

FATHER

13. NAME Joseph Barnes

14. BIRTHPLACE (city or town) Valley Lee (State or country) Md.

MOTHER

15. MAIDEN NAME Ada Lawrence

16. BIRTHPLACE (city or town) Leonardtown (State or country) Md.

17. INFORMANT Joseph Barnes (Father) (Address) Great Mills, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Physical - Great Mills Data 3/25, 1940

19. UNDERTAKER C. B. Robinson (Address) Leonardtown Md.

20. FILED 3/25, 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 24 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attendad decaasad from March 17, 1940, to March 24, 1940

I last saw h-im- alive on March 24, 1940; death is said to have occurred on the data stated above, at 3:50 p.m.

The PRINCIPAL CAUSE OF DEATH and relatad causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	3/8/40

Other Contributory Causes of importance:

Name of oparation None Dete of

What tast confirmed diagnosis? Clin + Lab. Was there an autopsy? Yes

23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of Injury

24. Was diseese or injury in any way ralated to occupetion of deceased? No

If so, specify

(Signed) Robert T. Fuchs M. D.

(Address) Park Hall, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03397

1. PLACE OF DEATH

County St. Mary's Registration Dist. No. 286

Village or City Sly Ward No. Md St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. 3 mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Mack

(a) Residence: No. Sly Ward St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. COLOR OR RACE: col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James F. Mack

6. DATE OF BIRTH (month, day, and year): — — 1860

7. AGE: Years 77 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) (State or country): Chaptico Md

FATHER

13. NAME: Francis Butler

14. BIRTHPLACE (city or town) (State or country): Chaptico Md

MOTHER

15. MAIDEN NAME: Ann Maria Butler

16. BIRTHPLACE (city or town) (State or country): Chaptico Md

17. INFORMANT (Address): C. Wiston Nelson Maddox Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Sacred Heart Date: 3-28-1940

19. UNDERTAKER (Address): Rose E. Weld Chaptico Md

20. FILED: 3-27-1940 N. V. Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: 3 (Month) 26 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 3-25-1940 to 3-26-1940

I last saw him alive on 3-25-1940 death is said to have occurred on the date stated above, at 9:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute indigestion	sudden
Chronic Myocarditis	
arteriosclerosis	10 yrs.
Other Contributory Causes of importance:	
Chronic rheumatism	15 yrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) N. V. Palmer M. D.

(Address) Avenue Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

03398

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St Marys

City or town Rural near Leonardtown Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) all his life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County St Marys

City or town Rural near Leonardtown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Henry Medley

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~ Ida Redmond

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 7th 1862

8. AGE: Years 77 Months 4 Days 21 If less than one day ___ hrs. ___ min.

9. Birthplace St Marys Co Md
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name ~~Unknown~~ Louis Medley
13. Birthplace St Marys Co. Md.

MOTHER
14. Maiden name Unknown
15. Birthplace St. Marys Co. Md.

16. Informant Josephine Godard
Address Leonardtown R F Md

17. (Burial, cremation, or removal. Which?) Date thereof 3/30/40 (month) (day) (year)

Cemetery or crematory Medley neck Cemetery

Location Near Leonardtown Md

18. Funeral director Jos C Mattingley
Address Leonardtown Md

19. 3/29 1940 (Date rec'd by registrar) Carmalier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 28 1940, at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1938 to Mar 28 1940, and that I last saw him alive on Jan 14th 1940.

Immediate cause of death Fibrillation of Heart — DURATION

Chronic Myocarditis 3 or 4 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F F Greenwell M. D. or other

Address Leonardtown Md Date signed Mar 28-40

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STATE OF MARYLAND—CERTIFICATE OF DEATH

03399

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (467)

County Ft. Mongis Registration Dist. No. 287

Village or City Buelah Church No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Jane Olive If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Olive.

6. DATE OF BIRTH (month, day, and year) Dec 21. 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft. Mongis Co.

FATHER

13. NAME E C Brasfield

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sara Cheesman

16. BIRTHPLACE (city or town) (State or country) Ft. Mongis

17. INFORMANT James B. Olive (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Quest Church, Chester Date 4/6 19 40

19. UNDERTAKER P B Robinson (Address)

20. FILED 3/15 19 40 C Annalls Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 4 (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March, 1940, to March, 1940.

I last saw her alive on March 1, 1940; death is said to have occurred on the date stated above, at 1 p m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hepatic Cirrhosis.	
Edema. (1) Jaundice, bilious stool. (2) Bedridden convenient	
Other Contributory Causes of Importance:	
Arterial sclerosis	

Name of operation Date of

Whether test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Hoyle M Ferguson M. D.

(Address) Hoyle Mills

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (168)

03400

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH:
County St. Marys
City or town near Hillsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Va County Floyd
City or town Willis Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William L Carmer

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE:

Years	Months	Days	If less than one day
31	—	—	hrs. — min.

9. Birthplace Floyd Co Va
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business —

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden name unknown
15. Birthplace "

16. Informant J W Conner
Address Hollywood Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof 3/6/40 (month) (day) (year)
Cemetery or crematory Carmer Cemetery
Location Floyd Co Va

18. Funeral director Arlie O Mabry
Address Floyd Va

19. 3/3 (Date rec'd by registrar) 1940 Cavender Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 2nd 1940, at 4 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on Mar 3rd 1940.

Immediate cause of death	DURATION
Hemorrhage from fractured skull & wound of brain.	
Due to Blow with blunt object	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Homicide Date of Mar 2nd 1940
Where did injury occur? near Hillsville (City or town) St Marys (County) Va (State)
Injured at home, farm, industry, public place (where?) at home
Means of injury gun shot Injured at work? No

23. SIGNATURE J F Greenwell Hale Bud Egnew M. D. or other
Address Leonardtown Md Date signed Mar 3-40

VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77-c)

CERTIFICATE OF DEATH

03401

Reg. Dist. No. 28 v

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County St Marys
City or town Rural near Mechanicsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County St Marys
City or town Rural near Mechanicsville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stanley Clark Raley

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 11th 1925

8. AGE:

Years	Months	Days	If less than one day
14	5	9	hrs. min.

9. Birthplace St Marys Co Md (Town, county, and state)
10. Usual occupation odd jobs on farm
11. Industry or business

FATHER
12. Name Arthur Edward Raley
13. Birthplace St Marys Co Md

MOTHER
14. Maiden name Janey L Buckler
15. Birthplace St Marys Co Md

16. Informant Janey L Raley
Address Mechanicsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 25 1940 (month) (day) (year)
Cemetery or crematory All Faiths Cemetery
Location St Marys Co Md

18. Funeral director Jos A Mattingly & Undertaking
Address Leonardtown Md

19. 3/25 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 23rd 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on Mar 23rd 1940 and that death occurred on the date above stated.

Immediate cause of death	DURATION
Acute Fibrilation of heart.	
Due to Excessive food + Alcohol	
Due to	
Other conditions Generally unwell + undernourished	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E A Greenwell M.D. M. D. or other
Address Leonardtown Md Date signed 3/28/40

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131C)

CERTIFICATE OF DEATH

03402

Reg. Dist. No. 282

1. PLACE OF DEATH:
County St. Mary's
City or town Compton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rural –
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County St. Mary's
City or town Compton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Lillian Robinson

3. (b) Social Security Number

4. Sex F
5. Color or race Col
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Horace Robinson
6(c) If alive, give age 37 years
7. Birth date of deceased (mo., day, yr.) July 13 1906
8. AGE: Years 33 Months 8 Days 7 If less than one day ___ hrs. ___ min.
9. Birthplace Compton, Md (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Chas F. Armstrong
13. Birthplace St. Mary's Co. Md
MOTHER 14. Maiden name Mary L. Tommerville
15. Birthplace St. Mary's Co. Md
16. Informant Horace Robinson
Address Compton Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 22 1940 (month) (day) (year)
Cemetery or crematory Newtown Cemetery
Location Compton
18. Funeral director Jos. C. Mattingly
Address Leonardtown
19. 3/20 1940 (Date rec'd by registrar) Camalier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 20 1940, at 9:20 a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 20 1940, to Mar 20 1940 and that I last saw her alive on Mar 13 1940.

Immediate cause of death Chronic Nephritis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank A. Camalier M. D. or other
Address Leonardtown Date signed 3/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

03403

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St Marys

City or town Rural near Leonardtown Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) all his life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County St Marys

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Francis Sherkliff

3. (b) Social Security Number

4. Sex Male

5. Color or race Col.

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~or wife~~ Jennie Noland

6(c) If alive, give age at 70 years

7. Birth date of deceased (mo., day, yr.) Dec 25 1865

8. AGE: Years 74 Months 3 Days 0 If less than one day ___ hrs. ___ min.

9. Birthplace St Marys Co Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name James Sherkliff
13. Birthplace St Marys Co Md

MOTHER
14. Maiden name Phebe Lanersdale
15. Birthplace St. Marys Co Md

16. Informant Jos. Buchanan
Address Leonardtown Md

17. Burial
(Burial, cremation, or removal, Which?)
Date thereof 3/27/40 (month) (day) (year)

Cemetery or crematory St Aloysius Cemetery

Location near Leonardtown Md

18. Funeral director Jos C Mattingley
Address Leonardtown Md

19. 3/25 1940 Cummins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 25th 1940, at 11a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 17 1939, to Mar 25th 1940, and that I last saw him alive on Mar 24 1940.

Immediate cause of death Myocarditis Chronic

Due to

Due to

Other conditions Right Hemiplegia

(Include pregnancy within 8 months of death)

Major findings:
Of operations
Of autopsy

DURATION
12 days

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C F Greenwell
M. D. or other

Address Leonardtown Md Date signed Mar 25th 1940

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

03404

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County: St Marys

City or town: Rural near Clements
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): all his life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: St Marys

City or town: Rural near Clements Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William L Wathen

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: Mary Anna Morgan

6(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): May 17 1866

8. AGE: Years: 73 Months: 10 Days: 10 If less than one day: hrs. min.

9. Birthplace: St Marys Co Md
(Town, county, and state)

10. Usual occupation: Farm Tenant

11. Industry or business: Farming

FATHER
12. Name: W L Wathen
13. Birthplace: St Marys Co Md

MOTHER
14. Maiden name: Mary Jenkins
15. Birthplace: St Marys Co Md

16. Informant: Charles Mattingley

Address: Leonardtown Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Mar 29 1940
(month) (day) (year)

Cemetery or crematory: St Josephs Cemetary

Location: at Morganza

18. Funeral director: Jno C Mattingley

Address: Leonardtown Md

19. 3/28 1940 Frank A. Camalier
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 27 1940, at 4:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1936, to Mar 27 1940, and that I last saw him alive on Mar 27 1940.

Immediate cause of death: Myocarditis Chronic — DURATION: 4 yrs

Due to: Arterio Sclerosis & Nephritis Chronic — 6 yrs

Due to:

Other conditions: Hemiplegia Light — 3½ yrs
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: F F Greenwell
M. D. or other

Address: Leonardtown Date signed: Mar 27 40

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APR 2 1940
BUREAU V. S.